

Invoice #: _____
Invoice date: _____

Company Name:
Street Address:

TO:
Attn: Work Study
Office of Financial Aid, Scholarships, & Veteran Benefits
The University of Texas at Arlington
701 S. Nedderman Dr., 252 Davis Hall, Box 19199
Arlington, TX 76019-0199
Tel: 817-272-6879

Payroll Period: _____ - _____
(MM/DD/YY) / (MM/DD/YY)

Student ID	Student Name	Student Position Title	Total # of Hours Worked	Hourly Rate	Gross Pay	Pay minus taxes	Reimbursement (100%)

TOTAL DUE

The above named agency hereby requests reimbursement in the amount of \$_____ (Reimbursement Amount column (50%) above) for work performed under The University of Texas at Arlington WS Program. I certify this invoice accurately reflects the payroll period above and that the hours above are true to the enclosed Work-Study Timesheets.

Preparer's Name/Title: _____

Preparer's Phone/email: _____

Preparer's Signature/Date: _____

If you have any questions concerning this invoice, contact: offcampusworkstudy@uta.edu.